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| SERIAL NUMBER 10/756,176 | FILING OR 371(c) DATE 01/12/2004 RULE | CLASS 607 | GROUP ART UNIT 3766 | ATTORNEY DOCKET NO. 14283.1USI7 |
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APPLICANTS

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**** CONTINUING DATA *******

This application is a CIP of 10/674,330 09/29/2003 and is a CIP of 10/675,818 09/29/2003
 and is a CIP of 10/674,324 09/29/2003
 and is a CIP of 10/752,944 01/06/2004
 and is a CIP of 10/752,940 01/06/2004

@ 06/08/06

**** FOREIGN APPLICATIONS *******

— none — @ 06/08/06

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 04/15/2004

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|---|------------------------|----------------------|--------------------|--------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY MN | SHEETS DRAWING 10 | TOTAL CLAIMS 31 | INDEPENDENT CLAIMS 16 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged Examiner's Signature <u>@ 06/08/06</u> Initials | | | | |

ADDRESS

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TITLE

Obesity and eating disorder stimulation treatment with neural block

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|------------------------------------|---|---|
| FILING FEE RECEIVED 1108 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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